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CONFIRMATION NO. 5656

<b>SERIAL NUMBER</b> 10/600,061	<b>FILING OR 371(c) DATE</b> 06/20/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> VAC.567.1.US
<b>APPLICANTS</b> Cesar Z. Lina, Universal City, TX; Keith Heaton, Poole, UNITED KINGDOM; Royce Johnson, Universal City, TX;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/545,339 04/07/2000 PAT 6,695,823 which claims benefit of 60/128,567 04/09/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/12/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 11  <b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 60402				
<b>TITLE</b> Wound therapy device				
<b>FILING FEE RECEIVED</b> 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	